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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 188a
Local Registrar's No.

1. PLACE OF BIRTH	
County <u>Gila</u>	State _____
District or Township _____	or Village _____
City <u>Burkman</u>	St. _____ Ward _____
2. Full name of child <u>Emilio Herrera Jr</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number. If child is not yet named, make supplemental report, as directed.)	
3. Sex of Child <u>Male</u>	4. Twin, triplet or other <u>2</u>
To be answered ONLY in event of plural births.	5. No., in order of birth <u>2</u>
6. Legitimate? <u>Yes</u>	7. Date of birth <u>May 31 1924</u> Month Day Year
8. FATHER	
Full name <u>Emilio Herrera</u>	14. MOTHER
9. Residence (Usual place of abode) <u>Burkman</u>	Full maiden name <u>Dimitria Hriege</u>
If non-resident, give place and state.	15. Residence (Usual place of abode) <u>Burkman</u>
If non-resident, give place and state.	16. Color or race <u>Mex</u>
10. Color or race <u>Mex</u>	17. Age at last birthday <u>15</u> (Years)
11. Age at last birthday <u>26</u> (Years)	18. Birthplace (city or place) <u>Ray</u>
12. Birthplace (city or place) (State or country) <u>Mexico</u>	19. Occupation <u>Housewife</u>
13. Occupation <u>Labour</u>	Nature of industry <u>Copper Mill</u>
20. Number of children of this mother <u>3</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
(Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>3</u>
	(b) Born alive but now dead <u>0</u>
	(c) Stillborn <u>0</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) on the date _____ stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles B. Hurst

Given name added from a supplemental report _____

Month, day, year

Address Hayden Ave

(Physician or midwife)

526-531-441 Registrar

Filed

June 8 1924

Registrar